



Indiana Department of Environmental Management  
Permits Branch, Office of Air Quality  
100 North Senate Avenue, P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
**(and local agency if applicable)**  
State Form 51655 (3-04)

Date: \_\_\_\_\_

*Sub: Request for Permit Change in regard to changes in 326 IAC 2-6 (Emission Reporting)*

This application is a request to change the existing air permit or registration conditions (as the case may be) to incorporate the requirements per the recent changes in 326 IAC 2-6 (Emission Reporting) as adopted by the Air Pollution Control Board on December 3, 2003.

Source Name: \_\_\_\_\_

Source Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Contact Person : \_\_\_\_\_

Electronic Mail Address (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number (optional): \_\_\_\_\_

Name of Authorized Individual or Responsible Official: \_\_\_\_\_

Identification Number of Permit to be changed: \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_

Permit Level and type of change approval requested:

If you have:	Type of permit change requested:
<input type="checkbox"/> Registration	Notice Only Change
<input type="checkbox"/> Source Specific Operating Permit (SSOA)	Administrative Amendments
<input type="checkbox"/> Minor Source Operating Permit (MSOP)	Notice Only Change
<input type="checkbox"/> Federally Enforceable State Operating Permit (FESOP)	Administrative Permit Amendment
<input type="checkbox"/> Part 70 Operating Permit (Title V Permit)	Administrative Permit Amendment

Please identify here the emission reporting requirement (or the absence of such) for source:

***Certification of Truth, Accuracy, and Completeness***

In case of Registration, MSOP and FESOP, the authorized individual as defined in 326 IAC 2-1.1-1 (1) shall sign this certification.

In case of SSOA and Title V Permit, the Responsible Official as defined in 326 IAC 2-7-1 (34) shall sign this certification.

☐ *I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.*

\_\_\_\_\_  
Name and Designation (typed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date